		PTO/SB/05 (03	3-01
ease type a plus sign (+) inside this box	\rightarrow \mid	+ Approved for use through 10/31/2002. OMB 0651-	003
	٠ ـ	U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMME	RC
Under the Paperwork Reduction Act	of 1995, no pr	rsons are required to respond to a collection of information unless it displays a valid OMB control num	ber

UTILITY		
PATENT APPLICATION		
TRANSMITTAL		
(Only for new nonprovisional applications under 37 CFR 1.53(b))		

Allorney Docket No.		5094	37
First Inventor		John Shigeura (deceased)	
Title	HEAT TRANSFE	R FOR THERMAL CYCLING	35.8
Express Mail Label No. EV 32		EV 320 407 445 US	-0

See M	APPLICATION ELEMENTS MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
1. \(\sum \) 2. \(\sum \) 3. \(\sum \) 5. \(\Oath \) 6. \(\sum \) 6. \(\sum \)	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification [Total Pages 23] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure Drawing(s) (35 U.S.C. 113) [Total Sheets 13] or Declaration [Total Pages 3] Executed (original or copy) Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). Application Data Sheet. See 37 CFR 1.76.	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 C.F.R. §3.73(b) Statement Power of Attorney (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Citations Statement (IDS)/PTO-1449 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified copy of Priority Document(s) (if foreign priority is claimed) 16. Certified Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Or Correspondence address below						
∠ cusi		or Correspondence address below				
Name	Dhil	N. Makrogiannis				
		lied Biosystems				
Address		ncoln Centre Drive				
City	Foster City State California					
Country		0-6667 Fax 650-638-6677				
	2/2	7-1				
	Name (Print/Type) Phil N Makrogiannis Registration No. (Attorney/Agent) 47,766					
-	Signature	Date January 22, 2004				
L	June June 19 12, 2007					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

62938_1

PTO/SB/17 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL	Complete if Known	
FEE TRANSMITTAL	Application Number	To be assigned
for FY 2004	Filing Date	January 23, 2004 (herewith)
101 1 200 1	First Named Inventor	John Shigeura (deceased)
Patent fees are subject to annual revision.	Examiner Name	To be assigned
	Group Art Unit	To be assigned
TOTAL AMOUNT OF PAYMENT (\$) 942.00	Attorney Docket No.	5094

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES			
indicated fees and credit any overpayment to: Deposit	Large Entity Small Entity Fee Fee Fee Fee Fee Description	Fee Paid		
Account Number 01-2213	Code (\$) Code (\$)			
Deposit Account	1051 130 2051 65 Surcharge – late filing fee or oath			
Name Applied Biosystems	1052 50 2052 25 Surcharge – late provisional filing fee or cover sheet.			
Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17	1053 130 1053 130 Non-English specification			
Applicant claims small entity status.	1812 2520 1812 2520 For filing a request for ex parte reexamination			
See 37 CFR 1.27	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action			
2. Payment Enclosed: Check Credit card Money Other	1805 1840* 1805 1840* Requesting publication of SIR after Examiner action			
Order CALCULATION	1251 110 2251 55 Extension for reply within first month			
FEE CALCULATION	1252 420 2252 210 Extension for reply within second month			
1. BASIC FILING FEE	1253 950 2253 475 Extension for reply within third month			
Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid	1254 1480 2254 740 Extension for reply within fourth month			
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255 2010 2255 1005 Extension for reply within fifth month			
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal			
· ·	1402 330 2402 165 Filing a brief in support of an appeal			
1003 530 2003 265 Plant filing fee	1403 290 2403 145 Request for oral hearing			
1004 770 2004 385 Reissue filing fee	1451 1510 1451 1510 Petition to institute a public use proceeding			
1005 160 2005 80 Provisional filing fee	1452 110 2452 55 Petition to revive – unavoidable			
SUBTOTAL (1) (\$) 770.00	1453 1330 2453 665 Petition to revive – unintentional	· · · · · · · · · · · · · · · · · · ·		
2 EVEDA OLAIM EEEO	1501 1330 2501 665 Utility issue fee (or reissue)			
2. EXTRA CLAIM FEES Fee from	1502 480 2502 240 Design issue fee			
Total Claims 20 x X 18 Fee Paid 0	1503 640 2503 320 Plant issue fee			
Independent 5 -3 ** = 2 X 86 172.00	1460 130 1460 130 Petitions to the Commissioner			
Claims	1807 50 1807 50 Processing fee for provisional applications			
Multiple Dependent **or number previously paid, if greater, For Reissues, see below	1806 180 1806 180 Submission of Information Disclosure Stmt			
Large Entity Small Entity	8021 40 8021 40 Recording each patent assignment per property (times number of properties)			
Fee Fee Fee Fee Description Code (\$) Code (\$)	1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))			
1202 18 2202 9 Claims in excess of 20	1810 770 2810 385 For each additional invention to be			
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	examined (37 CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims	1801 770 2801 385 Request for Continued Examination (RCE)			
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	1802 900 1802 900 Request for expedited examination of a design application			
and over original patent	Other fee (specify)			
SUBTOTAL (2) (\$) 172.00	*Reduced by Basic Filing Fee Paid SUBTOTAL (3)) 0		
SUBMITTED BY	Complete (if a			
Name (Print/Type) Phil N. Makroglanns	Registration No. (Attorney/Agent) . 47,766 Telephone	650-554-2164		
Signature (Likeway)	Date J	January 22, 2004		

WARNING:
Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.